

CS 1/4/03



**HAWAII STATE ETHICS COMMISSION**  
 1001 BISHOP STREET, ASB TOWER 970  
 P.O. BOX 616, HONOLULU, HAWAII 96809  
 TEL: 587-0460 FAX: 587-0470  
 email: ethics@hawaiiethics.org

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STATE OF HAWAII  
STATE ETHICS COMMISSION**LOBBYIST REGISTRATION FORM**

(Type or Print Clearly)

<b>PART I LOBBYIST</b>			
NAME (Last)	(First)	(Middle)	TELEPHONE
BURNS	Thomas	A	503-224-6196
MAILING ADDRESS (Street)			FAX
833 SW 11th Avenue #315			503-224-6198
(City)	(State)	(Zip Code)	
Portland	OR	97205	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip Code)	

<b>PART II ORGANIZATION</b>			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
GlaxoSmithKline			503-224-6196
MAILING ADDRESS (Street)			FAX
833 SW 11th Ave #315			503-224-6198
(City)	(State)	(Zip Code)	
Portland	OR	97205	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Thomas A. Burns			503-224-6196
MAILING ADDRESS (Street)			FAX
833 SW 11th Ave #315			503-224-6198
(City)	(State)	(Zip Code)	
Portland	OR	97205	

**PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY**

<input type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input type="checkbox"/> Human Services	<input type="checkbox"/> Science, Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input type="checkbox"/> Government Operations & Finance	<input type="checkbox"/> Intergovernmental Relations, International Affairs	<input type="checkbox"/> Tourism & Recreation
<input type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input type="checkbox"/> Labor & Employment	<input type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input checked="" type="checkbox"/> Health	<input type="checkbox"/> Planning, Land & Water Use Management	<input type="checkbox"/> Other: (indicate below)
<input type="checkbox"/> Ecology, Energy Environmental Protection	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Safety & Corrections	

**PART IV CERTIFICATION OF LOBBYIST**

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

*Thomas A. Burn*

(Signature of Lobbyist)

*12/10/02*

(Date)

**PART V AUTHORIZATION TO LOBBY**

NAME TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

*Pat Trifunov*

*Area Vice President*

NAME OF ORGANIZATION (if applicable)

*GlaxoSmithKline*

TELEPHONE

*602-494-5312*

MAILING ADDRESS (Street)

*11811 N. Tatum Blvd #1060*

FAX

*602-494-5315*

(City)

*Phoenix*

(State)

*AZ*

(Zip Code)

*85028*

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.

*Pat Trifunov*

(Signature of Authorizing Officer or Person Represented)

*12-11-02*

(Date)